0	9/13/2013	16:12	8648474244		WILLIAMSTON	EMS	PAGE 01/02 246262	
ST	ATE OF SO	UTH CA	ROLINA	,	19		21/11/12	
						BEFORE THE	09420	
(Caption of Case)					) PUBLIC SERVICE COMMISSION			
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo					•	OF SOUTH CAROL	INA	
Request for suspension of Class C					TRANS	SPORTATION COV	ÆR SHEET	
No	Non-Emergency Certificate #1462					2013. 337-T		
Wi	Williamston Rescue Squad dba Williamston EMS					ET 0013, 0	5151	
			CO CO	PY B	) DOCKET NUMBER: 2004 - 144 - T			
			Posted:	<del>20</del> 5				
			Dent: 1x	1/xes	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you			
			9/1	(1/2)	have filed with the Commission before, a Docket Number was assigned			
(Plea	ase type or prin	<del>)</del>	Date: _ 1//6	41(3)	and should be en	tered above.		
Submitted by: Address:		Williamston Rescue Squad 1.0		Telephone:	864 847-9584			
		dba Williamston EMS			Fax:	864 847-4244		
		902 Anderson Dr.		<del></del>	Other:			
_	Williamston, S.C. 29697				Email:	wems4102@gmail.		
7401	TE: The cover s	heet and in	formation contained herein neit	ther replace:	s nor supplement	s the filing and service of	pleadings or other papers	
as re	TE: The cover sequired by law.	This form	formation contained herein neitis required for use by the Publi  NATURE OF	ic Service C	ommission of So	uth Carolina for the purpo	pleadings or other papers ose of docketing and must	
as re	equired by law.	This form	is required for use by the Publi NATURE OF	ic Service C	ommission of So	uth Carolina for the purpo	ose of docketing and must	
as re	equired by law, lled out comple	This form tetely.  — Class C	is required for use by the Publi  NATURE OF  Taxi	ic Service C	ommission of So	t apply)  Request to Amend Sco	ose of docketing and must	
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as re	Application Application	This form stely.  - Class C - Class C - Class C	NATURE OF  Taxi  Charter	ic Service C	ommission of So	t apply)  Request to Amend Score	ope of Authority riff (rate increase, etc.)	
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as re	Application Request for Public Conv	This form stely.  — Class C — Class E ]  — Class E ]  — Class E ]  — Class E ]	NATURE OF  NATURE OF  Taxi  Charter  Charter Bus  Non-Emergency  Household Goods  Hazardous Waste  to Comply with Order  ating Authority to Obtain Ce	ACTION	(Check all tha	t apply)  Request to Amend Sca Request to Amend Tar Request to Amend Par Request to Amend Par Request Exhibit Late-Filed Exhibit Letter	ope of Authority riff (rate increase, etc.) ssenger Limit	
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as re	Application Request for Public Conv	This form stely.  — Class C — Class C — Class C — Class C — Class E ]  — Class E ]  — Class E ]  — Class E ]  Class E ]  Class E ]  Cancellation of the content of the cont	NATURE OF  NATURE OF  Taxi  Charter  Charter Bus  Non-Emergency  Household Goods  Hazardous Waste  to Comply with Order  uting Authority to Obtain Ced Necessity to Be Rescindent on of Certificate	ACTION	(Check all tha	t apply)  Request to Amend Sca Request to Amend Tar Request to Amend Par Request to Amend Par Request Exhibit Late-Filed Exhibit Letter	ope of Authority riff (rate increase, etc.) ssenger Limit	

## REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with:	Mail or fax a copy to					
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815					
DATE: 9-13-13						
Please consider this as my Request for Suspension of	र्ग:					
Class C Taxi Certificate Number						
Class C Charter Certificate Number	_					
Class C Charter Bus Certificate Number						
Non-Emergency Certificate Number	Non-Emergency Certificate Number					
Class E Household Goods Certificate Number						
Class E Hazardous Wastes Certificate Number	Class E Hazardous Wastes Certificate Number					
I request that my certificate be suspended until 09-30-14						
Date: (XX/	XX/XXXX)					
Williamston Rescue Squad	Williamston EMS					
(Name of Company)	(if applicable)					
902 Anderson Dr. W	illiamston, S.C. 29697					
	City, State, Zip Code)					
864 847-9584	And UB. A a Chica					
(Telephone Number)	(Signature and Title, i.e, President, Owner)					
Pursuant to Regulation 103-164 applications are for the proposed suspension of service.	to state clearly and concisely the justification					
Reason for Request for Suspension of Operations	s;					
We are currently and have not for 2 years operated	a non-emergency transport service, however					
we would like to keep this option open for future bu	siness opportunities.					